

MEETING NOTICE

Governing Board

A Special meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held **July 16, 2025, at 12:00 p.m.**, by teleconference and in person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information:

Tap to join from a mobile device (attendees only) [+1-415-655-0001](tel:+14156550001), [26601443688##](tel:+14156550001) US Toll
Join by phone +1-415-655-0001 US Toll

Webex Link

Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real-time during the meeting by attending in person or via Webex or phone.

Agenda

Page	Item
	A. Call to Order for Open Session
	B. approval of the Teleconferencing of a Board Member
	C. Approval of the Agenda
	D. Public Comment on Non-Agendized Items See below for Public Comment Guidelines
	E. Board Member Comments Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.
	F. Announcements

G. New Business

1. Approval of the AI Use in the Healthcare Setting IT policy.
2. Administrative Report – Matt Rees
3. Swearing in and Oath of Office Christopher Schille

H. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act

constraints, the Board meeting is their only opportunity to do so. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting."

**Times are estimated*

COPIES OF OPEN SESSION AGENDA ITEMS: Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District's website, sohumhealth.org.

Posted Tuesday, July 15, 2025

Subject:
AI Use in a Healthcare Setting

Manual:
Information Technology

POLICY

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to establish guidelines for the ethical, secure, and effective use of Artificial Intelligence (AI) in district operations, clinical care, research, and administrative functions, compliance with regulatory standards, patient safety, data privacy, and clear lines of accountability. This policy applies to all employees, contractors, and third-party vendors involved in the deployment, operation, and management of AI technologies within the district.

1. Ethical Use of AI

- AI solutions must align with the hospital's mission to provide compassionate, patient-centered care.
- AI must not replace human oversight in clinical decision-making. Healthcare professionals maintain responsibility for patient care and resulting outcomes.
- Bias mitigation strategies must be implemented to ensure equitable patient treatment.

2. Data Privacy and Security

- All AI systems handling Protected Health Information (PHI) must comply with the Health Insurance Portability and Accountability Act (HIPAA), the Confidentiality Of Medical Information Act (CMIA), and other relevant federal and state privacy regulations.
- Any third-party AI vendor must execute a Business Associate Agreement (BAA) with SHCHD to ensure compliance with data privacy and security standards.
- Data used to train AI models must be anonymized, removing all eighteen standard HIPAA identifiers from any PHI, and stored securely in accordance with District policy and BAA.
- In the event of an issue with a third-party AI, the hospital will coordinate with the vendor as defined by the BAA and other contractual obligations to address data deletion or remediation. If the AI is proprietary and lacks direct deletion capabilities, alternative measures must be clearly outlined in advance.

3. Regulatory Compliance and Internal Approval

- All AI tools must be reviewed and approved by the hospital administration and the Director of the Information Technology Department before deployment. No AI solution may be used without this internal approval.
- All AI tools must comply with relevant regulatory bodies (e.g., Food and Drug Administration (FDA) for clinical AI tools).
- Documentation of AI algorithms, use cases, and decision-making processes must be maintained for accountability by the IT Department within the MCN Policy Manager.
- The Information Technology Department oversees the implementation, monitoring, and evaluation of AI systems.

- Every AI solution must have an assigned Solution Owner who is responsible for ensuring compliance with policies, coordinating with third-party vendors when applicable, and managing issues related to data management and deletion.
- In cases involving third-party AI, the Solution Owner shall ensure that contract terms (including BAA and service agreements) clearly delineate the vendor's responsibilities for data stewardship, responsiveness to hospital requests, and compliance with hospital policies.

4. **Transparency**

- Patients and staff must be informed when AI is used in care or operations. Staff will be informed by HR. All patients receiving services will sign a consent for treatment that informs them at the time of service that AI may be in use.
- Clear documentation of AI limitations and error rates must be accessible to relevant stakeholders in the MCN Policy Manager.

5. **Training and Education**

- Staff must receive training through a learning management system on how to interpret AI recommendations and recognize potential errors.
- Training will be provided and enforced by Human Resources.
- Training needs to be completed on an annual basis

PROCEDURE

1. **Selection and Approval of AI Systems**

- Conduct a needs assessment to identify gaps where AI can improve hospital operations.
- Evaluate potential AI tools for reliability, accuracy, regulatory compliance, and alignment with internal approval requirements.
- Ensure any third-party AI vendor executes a BAA prior to approval.
- Submit the AI system to the Information Technology Department for review and approval. The Information Technology Department will take this proposition to the "committee" which is defined in section 7 of this document.

2. **Implementation**

- Develop a phased implementation plan, starting with a pilot project.
- Test the AI system thoroughly, focusing on safety, accuracy, and usability.
- Monitor system performance and gather feedback from users during the pilot phase.
- After the successful completion of the pilot phase, this will be presented to the committee (*See section 7 of this document*). The committee will decide how to move forward to production.

3. **Monitoring and Maintenance**

- Continuously monitor AI system outputs to ensure accuracy and reliability.
- Establish a reporting mechanism for issues or anomalies in AI behavior.

- Schedule regular maintenance and updates to keep AI systems functioning optimally.
- For third-party AI solutions, ensure that contractual obligations (including the BAA) facilitate timely vendor response to maintenance and data deletion requests.

4. Incident Management

- Define procedures for addressing errors or failures in AI systems, including patient impact mitigation.
- Report serious incidents to the Information Technology Department and regulatory bodies as required.
- In the event of a data-related issue involving a third-party AI solution, the AI Solution Owner shall engage the vendor per the BAA and other agreements to resolve the problem, including secure data deletion when feasible.

5. Decommissioning AI Systems

- Establish a plan for the decommissioning of outdated or underperforming AI systems.
- Ensure the secure deletion or archiving of all data associated with the AI system. For proprietary and third-party AI, follow established protocols and contractual provisions to guarantee data is handled securely and in compliance with the hospital's policy.

6. Review and Audit

- This policy will be reviewed annually by the Information Technology Department to ensure it remains relevant and effective. Audits will be conducted semi-annually to verify compliance with the policy.

7. AI Governance Committee

- An AI Governance Committee shall be established to oversee the ethical, secure, and effective use of AI. This committee will include representatives from the following departments:
 1. Health Information Management (HIM)
 2. Quality
 3. Information Technology (IT)
 4. Human Resources (HR)
- The committee's responsibilities include:
 1. Reviewing and approving AI systems before deployment.
 2. Monitoring AI performance and compliance.
 3. Addressing AI-related concerns, including privacy, security, and operational impact.
 4. Evaluating reports of AI-related incidents and recommending corrective actions.

RESPONSIBILITIES

• AI Governance Committee

- Oversee the ethical, secure, and effective use of AI.
- Approve AI systems and monitor their use and performance.

- Review reports of AI-related incidents and recommend corrective actions.
- **AI Solution Owners**
 - Manage the day-to-day operation of specific AI systems.
 - Ensure compliance with hospital policies, regulatory requirements, and BAA provisions.
 - Coordinate with third-party vendors to address data access, deletion, and remedial actions in the event of system issues.
- **Hospital Staff**
 - Use AI systems according to training and guidelines.
 - Report any issues with AI tools promptly.

Compliance with Eavesdropping Act (Penal Code 632)

In compliance with Penal Code 632, AI systems must not be used to record, intercept, or process private conversations without proper authorization. Specifically:

- **No Eavesdropping:** AI tools must not be used to secretly listen to or analyze private conversations without consent.
- **Notification & Consent:** When AI systems are deployed in areas where patient interactions occur, patients and staff must be notified and/or give consent before AI tools process their conversations.

Failure to adhere to these guidelines may result in disciplinary action in accordance with hospital policies and legal requirements.

DEFINITIONS

Artificial Intelligence (AI): Technologies capable of simulating human intelligence, including but not limited to machine learning, natural language processing, and computer vision.

Protected Health Information (PHI): Any information about health status, provision of healthcare, or payment for healthcare that can be linked to a specific individual.

AI Solution Owner: The designated individual responsible for managing and maintaining a specific AI tool.

Business Associate Agreement (BAA): A contract that ensures third-party vendors handling PHI comply with HIPAA and other relevant data protection standards.